**OHIO HEALTH CARE ASSOCIATION**

**Home Care and Hospice Board Meeting**

**February 21, 2023, noon**

**Zoom Conference Call**

**MEETING MINUTES**

Chair David Walsh opened the meeting and welcomed board members. Mr. Walsh reminded members of the antitrust, conflict of interest and confidentiality policies located in the online folder.

Attendees included: Pete Van Runkle, Josh Anderson, Heidi McCoy, Erin Hart, David Walsh, Bryan Casey, Mark Knepper, Eric Talbert, and Mike McConnell.

Mr. Walsh asked for a motion to approve the minutes from the last meeting. There was a motion given, another second and the motion was approved.

Mr. Pete Van Runkle started with an overview of the state budget and how it relates to home care and hospice. He stated not much language related to home care or hospice in the actual bill. However, Directors McElroy and Corcoran both testified to 18-20% increases to targeted HCBS services and mentioned personal care, adult day, and transportation by name which would get average wages to roughly $16/hour. Since their testimony only Director McElroy held a briefing with OHCA and neither have produced details of what the rate increases are and to exactly which services they apply. Mr. Van Runkle stated he believes ODM is controlling the process and part of the issue for transparency may be the apparent use of a lot of one-time dollars to fund permanent rate increases. He also stated that we have had conversations with other HCBS provider representatives and agree that what has been proposed is still a long ways from where we need to be. He further stated that scheduling for testimony within the Health and Human Services Subcommittee has been disjointed thus far. OHCA is trying to get more information so as to best position ourselves for advocacy.

Mr. David Walsh asked what the status was on increasing the Medicaid hospice payment for residents in a SNF from 95% to 100% of the Medicaid rate. Mr. Van Runkle stated it is something we will need to elevate in testimony and also in any private discussions with legislators.

Mr. Van Runkle then shifted to an update on House Bill 45. He stated that it authorized use of state discretionary ARPA dollars for workforce issues within skilled nursing facilities, hospice, and home and community based services. The Office of Budget and Management is responsible for distributing the funds. There is a statutory deadline of April 1 to distribute SNF funding but no deadline for other provider types. OHCA has been in contact with OBM Director Kim Murnieks to try to speed up the process of getting the funds into providers hands. We have requested that Medicare data be used in lieu of Medicaid data to calculate payments. We also requested that the online portal to be used for this process be opened to all providers at once instead of just initially for SNFs.

Mr. Van Runkle then stated that unfortunately, we ran into a roadblock when last week OBM released instructions for the use of funds which took a very strict/narrow view of the federal regulations that oversee these funds. They stated the funds must be used for “premium pay” which would essentially mean huge bonuses for staff but no way to support general operations. We have since argued that instead these industries should be considered “impacted industries” which allows a much broader use of funds. Director Murnieks has requested more data to back up our position which we are in the process of providing. Ms. Erin Hart stated she has pulled data from the Bureau of Labor Statistics which combined with other data should be sufficient for home care but less so for hospice. We asked the group for suggestions and a number of board members mentioned census and also the loss of volunteer staffing. It was agreed that Ms. Hart would put together a survey to distribute to OHCA hospice members.

Ms. Hart then discussed latest developments in the ongoing saga of the state’s new Medicaid Fiscal Intermediary and claims payment system. She stated that all claims hand keyed into MITS have been paid. For EDI submitted claims it has been much more hit or miss. Some providers who tried both EDI and manual entry have received double payments. As a result, we are advising providers to hand key for now if they are able. Ms. Hart also stated that managed claims seem to not be having the same issues as fee for service. She also shared we are requesting more information on a possible bridge payment if providers submitted claims through EDI but did not receive payment.

Mr. Mark Knepper stated he has not had his license renewed and asked if others were having the same issue? Others chimed in that they were as well and raised concern about exposure for receiving payments if the license were not to be renewed. Ms. Heidi McCoy stated she would check on this and try to get more information for the group.

Mr. Josh Anderson then confirmed a more frequent monthly schedule of HCH Board meetings during the budget cycle.

Mr. Walsh then asked for any further topics of interest. Hearing none, he announced the next meeting will be held on 3/15 at 11:00am and the meeting was adjourned.